

Medical Review

Demographics

Diagnoses:

History

Past Medical History/ Significant Events:

Medications

Medications for the past twelve (12) months:

Compliance with medications (fill history):

Highest cost Medications:

Appointments

Medical appointments for the past twelve (12) months and compliance with keeping appointments, if known:

Hospital Utilization

Emergency Department Visits in past twelve (12) months including diagnosis/reason for visit:

Hospitalizations for the past twelve (12) months including:

- Reason for hospitalization
- Procedures during hospitalizations

Current Treatment

Course of Current Treatment:

Durable Medical Equipment:

Case Management Services (Targeted Case Management, Care Coordination, Long Term Care Services):

Summary/ Plan

Cost Drivers:

Next Steps:

Recommendations to the Agency, if applicable:

Completed by:

Name: _____ Title: _____ Date: _____